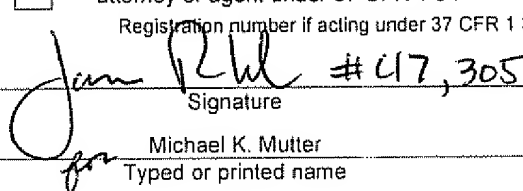


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 1163-0340P	
Application Number      09/857,491-Conf. #5202		Filed      June 6, 2001	
For <b>DEVICE FOR SENDING OUT DATA IN WHICH ASSOCIATED DATA IS MULTIPLEXED WITH MAIN DATA</b>			
Art Unit      2623		Examiner      S A Chowdhury	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120 00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27			
<input type="checkbox"/> A check in the amount of the fee is enclosed			
<input type="checkbox"/> Payment by credit card Form PTO-2038 is attached			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> I have enclosed a duplicate copy of this sheet			
I am the <input type="checkbox"/> applicant/inventor			
<input type="checkbox"/> assignee of record of the entire interest See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)			
<input checked="" type="checkbox"/> attorney or agent of record Registration Number <u>29,680</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34 Registration number if acting under 37 CFR 1.34 _____			
 Signature		<u>September 4, 2007</u> Date	
<u>Michael K. Mutter</u> Typed or printed name		<u>(703) 205-8000</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required: see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted			